

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT 15-JAN-2017	TIME 19:23:00	2. ADDRESS OF OCCURRENCE 4546 N KEDZIE AVE CHICAGO, IL 60625	3. LOCATION CODE 303	4. BEAT/OCCUR 1724	5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT/VIDEO		
	6. POSITION 9171	7. LAST NAME ORTEGA	8. FIRST NAME ELVIS	9. STAR NO. 1092	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE S	12. AGE 600	13. HT. 225
	15. DATE OF APPT 18-DEC-2000	16. EMPLOYEE NO.	17. UNIT & BEAT OF ASSIGNMENT 019	18. DUTY STATUS <input type="checkbox"/> 01 On <input checked="" type="checkbox"/> 02 Off	19. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	20. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
	21. LAST NAME BRITO-SOLANO	22. FIRST NAME JUAN	23. M.I.	24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	25. RACE U	26. D.O.B.	27. HT.	28. WT.
	29. ADDRESS CHICAGO, IL	30. TELEPHONE NO.	31. WAS SUBJECT ARMED? FIREARM - REVOLVER <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	33. SUBJECT ALLEGED INJURY BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None	35. WHERE WAS MEDICAL TREATMENT OBTAINED? ILLINOIS MASONIC MEDICAL CENTER						
	36. BY WHOM? DR GWENN	37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized	38. CB NO 19423385	39. CR NO	40. IR NO.			
	41. CHARGES PLACED	42. PASSIVE RESISTER	43. ACTIVE RESISTER	44. ASSAULTANT: ASSAULT	45. ASSAULTANT: BATTERY	46. ASSAULTANT: DEADLY FORCE		
	SUBJECT'S ACTIONS <input type="checkbox"/> DNA	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>		
		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input checked="" type="checkbox"/>		
OTHER _____		OTHER _____	PERCEIVED AS _____	OTHER _____	OTHER FIREARM <input type="checkbox"/>			
MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input checked="" type="checkbox"/>			
VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____			
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	OTHER _____			
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____			
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/> 01 02 03 TASER (Contact Slam) <input type="checkbox"/> 01 02 03 TASER (ARC Cycle) <input type="checkbox"/> 01 02 03 TASER (Spark Displayed) <input type="checkbox"/> 01 02 03 OTHER _____	OTHER _____	OTHER _____	OTHER _____			
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		01 02 03	01 02 03	01 02 03	01 02 03			
CONTROL INSTRUMENT <input type="checkbox"/>		01 02 03	01 02 03	01 02 03	01 02 03			
OC CHEMICAL WEAPON AUTHORIZATION <input type="checkbox"/>	01 02 03	01 02 03	01 02 03	01 02 03				
LRAD WITH AUTHORIZATION <input type="checkbox"/>	01 02 03	01 02 03	01 02 03	01 02 03				
OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____				
41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		RANK	STAR NO.	UNIT NO.	42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		45. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member				
46. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		48. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		49. WEATHER CONDITIONS CLEAR		
50. MAKE/MANUFACTURER GLOCK, INC.-AU-		51. MODEL 30		52. BARREL LENGTH 3.78		53. CALIBER/GAUGE 45 CAL		
54. TASER DART ID NO.		55. WEAPON SERIAL NO. (Include Letters)		56. CHICAGO GUN REG. NO.		57. IL FIREARM OWNER ID. NO.		
58. SPECIAL WEAPON CERTIFICATE NO.		59. PROPERTY INVENTORY NO.		60. TYPE OF AMMUNITION USED Department Issued		61. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		
62. TOTAL NO. OF SHOTS MEMBER FIRED 5		63. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		64. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		
66. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		68. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		69. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT <input checked="" type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		
70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) VEHICLE		72. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION		
74. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		75. ENTRY NO. 1701511094 JA117279 76. RD. NO.						

CASE INFORMATION	77. NOTIFICATIONS (ALL INCIDENTS) <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.								
	78. ADDITIONAL INFORMATION OFFENDER POINTED WEAPON AT TWO CIVILIAN VICTIMS AND THE INVOLVED OFFICER. OFFENDER SHOT ONE TIME AT OFFICER.								
SIGNATURES	79. REPORTING MEMBER (Print Name) IZA, DEBBIE M 16-JAN-2017 01:35:22 <table border="1" style="float: right; margin-top: -20px;"> <tr> <td>STAR/EMPLOYEE NO. 1458</td> <td>SIGNATURE</td> </tr> </table> <p>Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.</p> 80 REVIEWING SUPERVISOR (Print Name) RUBIO, ROBERT A 234 <table border="1" style="float: right; margin-top: -20px;"> <tr> <td>STAR NO. 234</td> <td>SIGNATURE</td> <td>DATE REVIEWED 16-JAN-2017 01:36:29</td> <td>TIME</td> </tr> </table>			STAR/EMPLOYEE NO. 1458	SIGNATURE	STAR NO. 234	SIGNATURE	DATE REVIEWED 16-JAN-2017 01:36:29	TIME
STAR/EMPLOYEE NO. 1458	SIGNATURE								
STAR NO. 234	SIGNATURE	DATE REVIEWED 16-JAN-2017 01:36:29	TIME						

1411511094

JAN1729

EVENT NO.

FILE NO.

LOG # 1083690 U/K
17-04
 Attachment # 12

SUBJECT
INFORMATION

40. CHARGES PLACED

725 ILCS 5.0/110-3, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/12-2-C-1, 720 ILCS
5.0/12-2-C-1, 720 ILCS 5.0/12-2-B-4

DNA

LOG # 1083690 ^{UH} 17-04

Attachment # 12

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

Surgery

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

U#17-04, Clear Application has the Sgts weapon with a serial # [REDACTED], per ET he has serial # [REDACTED]. The undersigned was not able to view Hospital video at this time, IPRA and Area North Detective Division will be able to view tomorrow. Sgts weapon was registered, but he had not qualified in the proper time frame per Department policy. As of this report no further action is required by the undersigned, this incident is being investigated by IPRA and Area North Detective Division and appropriate criminal charges have not yet been determined. Further investigation is needed.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

LOG NO. 1083690 OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

WILLIAMS, TERENCE V

86. TRR _____ OF _____ TRR(S)

87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:
 - A. INDEPENDENT POLICE REVIEW AUTHORITY, AND
 - B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE
[REDACTED]

DATE COMPLETED TIME

16-JAN-2017 01:51:19

LOG # 1083690 U# 17-04

Attachment # 12